MANAWA COMMUNITY NURSING CENTER

400 E 4TH ST

MANAWA 54949 Phone: (920) 596-2566		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	57	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	62	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	39	Average Daily Census:	40

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	8		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	23.1	
Supp. Home Care-Personal Care	No					1 - 4 Years	41.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	15.4	More Than 4 Years	35.9	
Day Services	No	Mental Illness (Org./Psy)	15.4	65 - 74	7.7			
Respite Care	Yes	Mental Illness (Other)	5.1	75 - 84	25.6		100.0	
Adult Day Care	Yes	Alcohol & Other Drug Abuse	2.6	85 - 94	41.0	********	******	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.3	Full-Time Equivalent	5	
Congregate Meals Yes		Cancer	0.0			- Nursing Staff per 100 Reside		
Home Delivered Meals No		Fractures	5.1	İ	100.0	(12/31/04)		
Other Meals	No	Cardiovascular	20.5	65 & Over	84.6			
Transportation	No	Cerebrovascular	25.6	İ		RNs	7.6	
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	14.3	
Other Services	No	Respiratory	0.0	İ		Nursing Assistants,		
Provide Day Programming for	j	Other Medical Conditions	25.6	Male	33.3	Aides, & Orderlies	38.2	
Mentally Ill	No			Female	66.7			
Provide Day Programming for	j		100.0	j				
Developmentally Disabled	No			İ	100.0			
*********	****	: * * * * * * * * * * * * * * * * * * *	*****	, * * * * * * * * * * * * * * * * * * *	*****	' *************	******	

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	્રે	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	382	31	100.0	118	0	0.0	0	5	100.0	135	0	0.0	0	0	0.0	0	39	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		31	100.0		0	0.0		5	100.0		0	0.0		0	0.0		39	100.0

.....

Admissions, Discharges, and		Percent Distribution				d Activities as of 12/	31/04
Deaths During Reporting Period		 			Needing		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	15.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	2.6		76.9	20.5	39
Other Nursing Homes	2.6	Dressing	7.7		71.8	20.5	39
Acute Care Hospitals	82.1	Transferring	23.1		56.4	20.5	39
Psych. HospMR/DD Facilities	0.0	Toilet Use	23.1		56.4	20.5	39
Rehabilitation Hospitals	0.0	Eating	89.7		5.1	5.1	39
Other Locations	0.0	*******	******	******	******	*******	*****
Total Number of Admissions	39	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	5.1	Receiving Resp	iratory Care	5.1
Private Home/No Home Health	34.1	Occ/Freq. Incontinen	nt of Bladder	66.7	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	nt of Bowel	33.3	Receiving Suct	ioning	0.0
Other Nursing Homes	4.9				Receiving Osto	my Care	0.0
Acute Care Hospitals	41.5	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	17.9
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	19.5	With Pressure Sores		0.0	Have Advance D	irectives	51.3
Total Number of Discharges		With Rashes		2.6	Medications		
(Including Deaths)	41				Receiving Psyc	hoactive Drugs	71.8

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

***************	********	*****	*****	*****	*****	******	*****	******	******
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	િ	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	64.5	84.2	0.77	88.5	0.73	87.7	0.74	88.8	0.73
Current Residents from In-County	87.2	76.9	1.13	72.5	1.20	70.1	1.24	77.4	1.13
Admissions from In-County, Still Residing	23.1	19.0	1.21	19.6	1.17	21.3	1.08	19.4	1.19
Admissions/Average Daily Census	97.5	161.6	0.60	144.1	0.68	116.7	0.84	146.5	0.67
Discharges/Average Daily Census	102.5	161.5	0.63	142.5	0.72	117.9	0.87	148.0	0.69
Discharges To Private Residence/Average Daily Census	35.0	70.9	0.49	59.0	0.59	49.0	0.71	66.9	0.52
Residents Receiving Skilled Care	100	95.5	1.05	95.0	1.05	93.5	1.07	89.9	1.11
Residents Aged 65 and Older	84.6	93.5	0.91	94.5	0.89	92.7	0.91	87.9	0.96
Title 19 (Medicaid) Funded Residents	79.5	65.3	1.22	66.3	1.20	68.9	1.15	66.1	1.20
Private Pay Funded Residents	12.8	18.2	0.71	20.8	0.62	19.5	0.66	20.6	0.62
Developmentally Disabled Residents	0.0	0.5	0.00	0.4	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	20.5	28.5	0.72	32.3	0.64	36.0	0.57	33.6	0.61
General Medical Service Residents	25.6	28.9	0.89	25.9	0.99	25.3	1.01	21.1	1.22
Impaired ADL (Mean)	44.1	48.8	0.90	49.7	0.89	48.1	0.92	49.4	0.89
Psychological Problems	71.8	59.8	1.20	60.4	1.19	61.7	1.16	57.7	1.24
Nursing Care Required (Mean)	3.2	6.5	0.50	6.5	0.50	7.2	0.44	7.4	0.43